one error, but too late to save the patient's life, for she passed away peacefully without pain or stench or any other discomfort. This was rather a hopeless case from the first, for besides the malignant disease she had renal trouble and an ununited fracture of the thigh, and she was very old and feeble. Again I failed in a case of general cancer, although this time I only used the soap solution, without thyroid. Then came a rodent ulcer in a young woman 26 years of age. It was of 11 years' duration, and had been twice removed and once grafted. It was situated right in the middle of the forehead. This patient completely recovered in six weeks under the soap solution and thyroid per os. A big scar remained, and as it was healing the treatment was rather painful. Then I failed in a non-infiltrating epithelioma, again on the side of the nose and cheek. Here I did not give the thyroid, for with the peculiar wilfulness of some of the patients in these cases the man would not take it, but I do not know that I should have succeeded, for in neither of the two cases where the growth has started from the bone have I managed to effect a recovery. Then I had a case of epithelioma of the hand, a small thing of the size of a florin perhaps, and seemingly not attached to the bone. This did beautifully. The next case was an epithelioma of the tongue; the soap acted excellently, but on account of the extensive heart disease from which the patient, an old man, suffered and his generally exhausted state, I dared not use thyroid. I tried the general injections at first without effect, but he collapsed so after these that I had to abandon them and to revert to local insertions. He died, but absolutely without pain or smell; he just slipped into death, though extremely wasted, as a child will fall asleep in his mother's arms—a beautiful euthanasia. Fancy one dying from cancer of the tongue without pain or stench. The same happened in another very advanced instance in which the tongue, lower jaw, palate, and tonsil had been removed. The action of the soap was here most marked, although the man has not recovered, though as I write these words he is not dead, but on account of so much of his face having been removed the taking of food is a great difficulty. When I first saw him the whole of the interior of the mouth and cheek was one mass of cancer. It was extraordinary how he could live with such an extension of the disease. All smell and discharge have gone and he suffers no pain. I look on this as my champion case. I must instance one other case of recurrent epithelioma in which the patient died from an over-dose of soap solution. Until quite recently I thought that this preparation was a perfectly innocent one, of which any quantity might be injected with impunity. But such is not the case, for in the course of the treatment I gave this man two drachms at one time and he collapsed and succumbed in 24 hours. The soap solution should be just thick enough for blowing bubbles. Of course, it should always be boiled first and delivered warm. It is apt to occasion very painful spots, which look exactly as if an abscess were going to form, but if they are left alone in a couple of days all the tumefaction disappears, but meanwhile they are rather tender. Still they never do come to pus. I rather like a biggish inflammatory areola. Never more than a teaspoonful should be administered at a time, for, as I have related, injections are not absolutely without danger. If more is given shivering and collapse may occur. Another precaution is never to inject in one's own house unless means can be provided for the patient to lie down for an hour or two afterwards. To anticipate the shivering a morphia injection is advisable. It is always well, I think, to employ an anæsthetic, nitrous oxide for preference. If something of the sort is not used patients dread the needle and accordingly suffer in expectation and shirk treatment. At first I inject every other day and as the case improves less frequently until once every week or 10 days suffices. A very good soap to use is the superfatted soap prepared by Messrs. Allen and Hanburys, but for that matter common yellow bar soap will do. A bit should be dissolved in boiling distilled water and then strained through silk or closely woven calico. There are always some particles of dirt which might go through the needle and easily set up an abscess. In the many scores of injections which I have given I have only on two occasions set up an abscess. I have never yet managed to effect much good where the growth or ulceration started from the bone.

If I were asked what is malignancy I would reply, It is the crystallisation of cholesterine from the living cell. I

do not imply that there is any deficiency of cholesterine in the economy, but the cell has acquired the habit of passing it out of solution. That cholesterine in this disease is at fault the smell alone shows and this is why ether injections—shockingly painful—will deodorise an ulcer so well and for a time give such satisfactory results in respect to sweetness, but the odour returns, not, however, for a day or so. I once went very much astray with this will-o'-the-wisp. In carcinoma both tissue elements are represented, so the thyroid secretion is imperatively indicated, and I believe that the sole action of this body is to control the proliferation of the cell and that its action on metabolism is a snare and a delusion.

In conclusion, let me add that I hope some of the readers of THE LANCET will, in good faith, give my treatment a trial. It is rather in embryo, but in my hands it has given results far better than I ever anticipated.

Melbourne.

A COMPLICATED CASE OF PLACENTA PRÆVIA.

By JOHN HOOLE, M.R.C.S. Eng., L.S.A.

THE patient was a married woman, aged 38 years. She had had six children born alive, and with the exception of the fourth pregnancy all her labours had been normal. At the fourth pregnancy the child presented in an abnormal position and the medical man had to resort to turning to deliver her. On July 13th, 1900, about 8 P.M., I received a telegram requesting me to attend the patient, who lived at a distance of five miles. I was told, on my arrival, by an old midwife, that the patient had gone her full time, but that about 4.30 P.M. of the same day she had been seized with violent pains in the abdomen; this was accompanied by profuse hæmorrhage which had continued. Also, that two months previously, some hæmorrhage had occurred which continued more or less until the present time. I was informed that the patient had persistently refused to see a medical man.

I found the patient in bed, lying on her back, in an upper room of a thatched cottage. She was blanched, restless, and slightly delirious, and muttering abuse at the midwife. Her pulse was hardly perceptible, and the abdomen on inspection was wider and flatter than in normal cases of pregnancy. The external genitals were obscured from view by a large blood-clot, which was continuous into, and entirely filled, the vagina. The bed-clothes, bedding, and floor plainly told that profuse hæmorrhage had occurred. On examination the os was dilated sufficiently to allow the tips of two fingers to be introduced, but it was rigid and unyielding. The placenta was completely presenting and there was slight hæmorrhage into the vagina. No uterine action was taking place. The husband, being informed by me of the serious condition of his wife, sent for Dr. B. E. Dalison of Puddletown to assist me. Pending the arrival of that gentleman I administered chloroform and separated the placenta from the uterine wall with my two fingers as far as I could reach in a circle; this necessitated much force to dilate the os. I also gave repeated enemata of hot saline solution. On Dr. Dalison's arrival, after consultation, we agreed, considering the great loss and serious condition of the patient, to deliver her with forceps, as a round, hard substance could be indistinctly felt through the placenta which it was thought might be the head of the child. The patient being again put under chloroform the forceps were applied, force being used to introduce them. They were locked, but on traction only a large piece of the placenta was brought away. On further examination a leg was felt; this was brought down and after considerable time and great difficulty, in which severe force was used, a dead child was born. The remainder of the placenta was removed and the uterus contracted without any more hæmorrhage. Small quantities of hot milk with brandy were administered to the patient at intervals during the night. I attended her daily and she was douched with solutions of perchloride of mercury. The temperature never rose above 102° F. and in a fortnight she was convalescent, taking appropriate nourishment and a mixture of quinine and iron.

If I may suggest the points of interest in the case, they are the great loss of blood, the considerable force that had to be used in dilating the os, first by our fingers and

afterwards with forceps, together with the rapid dilatation of the passages in delivering the child, and the subsequent absence of any nervous or septic symptoms.

Throgmorton-avenue, E.C.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF DEPRESSED FRACTURE OF THE SKULL FOLLOWED BY OCULAR SYMPTOMS.

(Under the care of Mr. A. WILLETT.)

SYMPTOMS connected with sight are rare in head injuries, if we put aside paralyses of the extrinsic muscles of the eye. In the case recorded below the left occipital lobe was lacerated, and as a result there was a partial right hemianopia. This is the condition that might have been expected from a lesion of the occipital lobe on the left side. The great improvement in the extent of the field of vision is striking. For the notes of the case we are indebted to Dr. G. V. Bull, late house surgeon.

A man, aged 48 years, was, on March 14th, 1901, admitted to St. Bartholomew's Hospital, under the care of Mr. Willett, having fallen 30 feet down a lift shaft and struck the back of his head (apparently on an edge). On admission he was conscious but did not remember his accident. He was cold and collapsed and was bleeding profusely from a wound in the occipital region in which depressed and comminuted bone could be felt. Both pupils reacted and there was no sign of paralysis. The pulse was 120 and regular and the temperature was 97° F. No injury to the spinal column could be made out. The wound was examined three hours later, a flap of skin being turned back on the left side of the skull. A gap was then found in the skull extending from the occipital protuberance upwards and slightly to the left for about three inches and being from one-third to two-thirds of an inch wide. In this gap there were fragments of bone and lacerated brain substance (left occipital lobe); the fracture extended as a linear fracture both upwards and to the base. The superior longitudinal sinus was intact, as was also the tentorium. The fragments were removed by forceps and one piece of bone at the upper angle was elevated. The wound was irrigated with boric lotion, the skin was sutured with fishing gut, and a wire drain was inserted at the lower end. During the night the patient was very restless and the pulse was weak and very irregular. On the next day he was better, the temperature being normal and the pulse 120 and regular. He complained of great pain in his back and was unable to pass urine. His knee-jerks were much exaggerated, but there were no ankle clonus and no affection of sensation. The wound was dressed on March 22nd and was found to have healed; the scar was pulsating strongly. On April 15th he was up and walking about. He was then able to pass urine. He was free from headache and from giddiness except on sudden change of position. He complained of inability to see objects to his right. No change in the fundus was made out, but Dr. Bull was unable at that time to test him with the perimeter. On April 20th the patient left the hospital and was not seen again till July 16th. He was then improved in every way and he said that his sight was better and that he could read better. The perimeter showed a partial right hemianopia, the lower quadrant of the fields of vision being lost. There was no change in the fundus. The pupil did not react when light was thrown on the affected part of the retina. He complained of pulsation in the scar and weakness in his back. On Sept. 12th Dr. Bull saw the patient again. He still complained of the pulsation which

he felt but did not hear, but it was less marked. The perimeter showed improvement, especially in the right eye, and there was no change in the fundus.

FIG. 1.

RIGHT.

FIG. 2.

LEFT.

The continuous line represents the field of vision on July 16th and the interrupted line that on Sept. 12th.

Remarks by Dr. BULL.—The case is interesting on account of the almost complete recovery. The patient is now able to do six hours' light work a day and may reasonably hope to improve still further. I am indebted to Mr. Willett for permission to record the case.

BOLINGBROKE HOSPITAL, WANDSWORTH COMMON.

A CASE OF ACUTE DOUBLE INTUSSUSCEPTION IN A FEMALE INFANT, NINE MONTHS OLD; OPERATION 24 HOURS AFTER ONSET OF SYMPTOMS; RAPID RECOVERY; REMARKS.

(Under the care of Mr. THOMAS BRYANT.)

RETROGRADE intussusception is much rarer than the ordinary variety, and in the following case both forms were present. The occurrence of these two varieties in the present instance affords an insight into the method of